

BEST AVAILABLE COPY

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION	M	7634	18-03-91
O.I.P.E. CLASSIFIER			51-12
FORMALITY REVIEW	Moll	8700199	9/13/91

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
○	Allowed	I	Interference
-	(Through number) Cancelled	A	Appeal
+	Restricted	O	Objected

Claims	Date	Claims	Date	Claims	Date
Final		Final		Final	
Original		Original		Original	
1		2		3	
2		3		4	
3		4		5	
4		5		6	
5		6		7	
6		7		8	
7		9		10	
8		11		12	
9		13		14	
10		15		16	
11		17		18	
12		18		19	
13		19		20	
14		21		22	
15		22		23	
16		23		24	
17		24		25	
18		25		26	
19		26		27	
20		27		28	
21		28		29	
22		29		30	
23		30		31	
24		31		32	
25		32		33	
26		33		34	
27		34		35	
28		35		36	
29		36		37	
30		37		38	
31		38		39	
32		39		40	
33		40		41	
34		41		42	
35		42		43	
36		43		44	
37		44		45	
38		45		46	
39		46		47	
40		47		48	
41		48		49	
42		49		50	
43		50			
44					
45					
46					
47					
48					
49					
50					

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)